

# AMEDD REQUIREMENTS DETERMINATION GUIDE, JUNE 1997

## Proponent

The proponent for this document is the U.S. Army Medical Department Center and School.

## Web Site Location

This document is at <http://139.161.167.86/ardguide/req.htm>.

## Definition

*Future Operational Capabilities (FOCs) - FOCs are statements of operational capabilities (needs) required for the Army to achieve the vision articulated in TRADOC Pam 525-5, Force XXI Operations and for the Army Medical Department (AMEDD), TRADOC Pam 525-50, Operational Concept for Combat Health Support. FOCs address specific warfighting operational capabilities (not functions or operations) described in TRADOC approved concepts. They describe those capabilities in operational terms, what must be done; not how to do it. The FOCs provide a stand alone description of the capability. FOCs are enduring; they apply to tomorrow's Army, but may be equally relevant to today's or yesterday's Army. FOCs do not describe a deficiency or shortcoming. They do not provide or identify a system specification, specific technology, organization or time frame and they do not encompass an entire branch or functional concept. FOCs do not use relational or comparative words or phrases.*

*Doctrine - Doctrine requirements are changes or additions to any of the AMEDD principles that guide our operational forces. Current medical doctrine states that the objective of the health service support system is to reduce disease and nonbattle injury, provide care and treatment for acute illness, injury or wounding and promptly return to duty those soldiers who have recovered. The doctrinal philosophy of flexible and responsive modular medical organizations is sound.*

*DTLOMS (Doctrine, Training, Leadership Development, Organizational Design, Materiel, and Soldier) - An investment strategy by which operational capabilities are analyzed. The goal of this analysis is to determine the most effective, timely and least costly means to achieve the future operational capability. The DTLOMS domains are ordered progression from the least expensive change (Doctrine) to the most expensive change (Soldier) that is needed to produce an operational capability. For example, insights pertaining to a future operational capability are first analyzed from a doctrine perspective. If doctrinal changes (from Field Manual to Tactics, Techniques, and Procedures) can provide the desired operational capability, the TRADOC Commander approves them and forwards them to the operational force. If doctrine insights do not produce the desired operational capability, the same steps are used to analyze training, leader development, organizational design and material. With cost as an independent variable, the least costly and most rapid changes are considered first. Changes made toward the end of the DTLOMS domains produce a reverse "cascade" effect by generating changes in the preceding domains.*

*Requirements - Modifications to current Army or Joint doctrine, training, leader development, organization, materiel, and soldier (DTLOMS) structure to achieve a desired future operational capability*



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## Synopsis

This guide describes the processes for determining, documenting, and approving warfighting requirements in the domains of doctrine, training, leader development, organization, materiel, and soldier (DTLOMS).

It is designed to educate and guide the leaders and managers in the AMEDD community who must make decisions on resource allocation and prioritization, efficiency and effectiveness in execution, and organizational and programmatic redesigns to accommodate evolving roles and missions.

The Chief of Staff of the Army (CSA) appointed Commander, Training and Doctrine Command (TRADOC) as the Army's approval authority for all warfighting requirements. Specific direction and guidance to accomplish these functions are in TRADOC Black Book Number 3, "Requirements Determination" dated March 1996, TRADOC Pamphlet 71-XX and Army Regulation (AR) 71-9.

Commander, TRADOC directed that the AMEDD determine requirements more holistically, based on desired Joint and Army capabilities versus known deficiencies. This process begins with a holistic future warfighting concept. This concept is formed from a wide variety of inputs, including the national security and military strategies, lessons learned from recent operational experiences and future conflict scenarios. Additionally, the concept is influenced, but not driven, by an appreciation of future science and technology possibilities.

The Army's overarching warfighting concept is documented in TRADOC Pamphlet 525-5. This macro-level description of the future Army is augmented by detailed operations and functional concepts that are produced by integrated concept teams (ICTs). The ICTs are formed by HQ TRADOC, school commandants and selected non-TRADOC leaders.

These warfighting concepts become the Army's "blueprint" for determining DTLOMS requirements across the combined arms and services team. Requirements not related to this blueprint are not and will not be resourced. Warfighting concepts usually lead to Science and Technology (S&T) research or experimentation and also document Army goals for the S&T community.

This guide bases its foundation in the Army processes and it describes these process in an overview format. However, the information in this guide is focused on AMEDD specific processes. The guide is organized in the following sections:

- ◆ .Force Development,
- ◆ Laying the Foundation,
- ◆ AMEDD Concept Development,
- ◆ Future Operational Capability (FOC),
- ◆ Organizations and Major Functions,
- ◆ DTLOMS Processes,
- ◆ Acronyms,
- ◆ Terms, and
- ◆ References.

Currently, the AMEDD has the following Future Operational Capabilities (FOCs) listed in TRADOC PAM 525-66, Future Operational Capability:

- ◆ MD 97-001. Patient Evacuation,
- ◆ MD 97-002. Medical Command, Control, Communication, Computers and Intelligence (MC4I),
- ◆ MD 97-003. Patient Treatment and Area Support,

- ◆ MD 97-004. Combat Health Support in a NBC Environment,
- ◆ MD 97-005. Far-Forward Surgical Support,
- ◆ MD 97-006. Hospitalization,
- ◆ MD 97-007. Preventive Medicine,
- ◆ MD 97-008. Combat Health Logistics System (CHLS) and Blood Management,
- ◆ MD 97-009. Combat Stress Control (CSC),
- ◆ MD 97-010. Medical Laboratory Support,
- ◆ MD 97-011. Dental Service,
- ◆ MD 97-012. Veterinary Services: Capability to Provide Veterinary Support for Force XXI, and MD 97-013. Mobility/Deployability.

Table 1 lists the organizations and their major functions in the Requirements Determination process for the Army Medical Department.

Concept development, Science and Technology research, warfighting experimentation, and contemporary operational (CONOPS) issues provide DTLOMS insights. The insights describe different means to achieve future operational capabilities. Before they can be translated into requirements, the insights must be integrated and analyzed by the concept proponent. Table 2 shows the process domains and the requirements documents that are developed once the concept has been validated.

## What Does This Mean for Military Public Health?

To help determine and document warfighting requirements in the domains of doctrine, training, leader development, organization, materiel, and soldier (DTLOMS; and to help make resource allocation, prioritization, efficiency and effectiveness in execution, and organizational and programmatic redesign decisions, we need to:

- ◆ be aware of the Future Operational Capabilities (FOCs) in TRADOC PAM 525-66, Future Operational Capability, that require preventive medicine involvement or generate preventive medicine concerns;
- ◆ address how preventive medicine will become involved in development of both integrated and medical FOCs; and
- ◆ ensure that an emphasis on soldier considerations is maintained as a high priority in system design; and that system operation, deployment/employment, and maintenance requirements are matched with soldier capabilities, training, and availability. With MANPRINT, Army systems will become increasingly user-centered, reliable, and maintainable, leading to significant reductions in life-cycle costs and increased mission effectiveness.

Themes common to other planning documents on our list include:

- ◆ we need to work closely with the research, development, and acquisition communities. We must assist the Army Medical Department (AMEDD) Center and School and other service schools in developing solutions to address lessons learned and doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) deficiencies to meet the challenges of Joint Vision 2010;
- ◆ we must integrate comprehensive, population-based functional and surveillance medical information systems such as: DMSS, DOHRS, DVIS, DEESS, HHA, MIDI, etc.; and
- ◆ we must optimize the use of technology to obtain, evaluate, and disseminate preventive medicine information.



*Table 1. Organizations and their Major Functions in the Requirements Determination Process for the Army Medical Department*

Organizations	Major Functions						
	Concept Development	Future Operational Capabilities (FOCs)	Science & Technology (S&T) Research	Warfighting Experiments	Contemporary Operational(CONOPs) Issues	Insights to Requirements	Warfighting Requirements
Joint Requirements Oversight Council (JROC)							
Headquarters Department of the Army (DA)			Resource	Resource	-Resource -Task Organization, Materiel, and Soldier Issues		Resource and Task Organization, Materiel, and Soldier Issues
Training and Doctrine Command (TRADOC)	-Produce Operational Architecture Concept -Lead Integrated Concept Team (ICT) -Approve Branch/Functional Concepts	Produce TRADOC Pam 525-66 and Future Capabilities Strategy	Prioritize S&T Initiatives with Army Materiel Command (AMC) & Medical Research and Materiel Command (MRMC)		-Support DA -Resource Doctrine, Training, and Leadership Development Issues		-Integrate All -Approve All -Resource Doctrine, Training, and Leadership Development Issues
Medical Research and Materiel Command (MRMC)			Research, Develop, and Acquire S&T Products	Identify capabilities to evaluate in Doctrine, Organization, and Materiel Issues			
AMEDD Center & School/Assistant Commander for Force Integration (ACFI)	Approve Branch/Functional Concepts	Approve Future Operational Capabilities			Collects Lessons Learned Data	Analyzes, Disseminates, and Archives Data	Define, Document, and Defend
Directorate of Combat and Doctrine Development (DCDD)	Produce Branch/Functional Concepts	Produce Future Operational Capabilities					-Define, Document, and Defend -Lead AMEDD ICT Process
Battle Lab Support Element				Responsible for the AMEDD Experimentation Plan in support of Advanced Warfighting Experiments.(AWEs)			

AMEDD Board				-Writes the AMEDD Training Evaluation Plan in support of AWEs -Conducts Tests & Evaluations, Collects Data	Conducts Tests & Evaluations, Collects Data		
MEPD							
Field Commanders					Define, Document, and Defend		

*Table 2. DTLOMS Domains and Their Associated Requirements Documents*

Domain	Requirements Documents
Doctrine	Program Directive (PD)
Training	Individual Training Plan (ITP) Course Administrative Data (CAD) Program of Instruction (POI)
Leader Development	Memorandum
Organizations	Unit Reference Sheet (URS) Table of Organization and Equipment (TOE)
Materiel	Mission Need Statement (MNS) Operational Requirement Document (ORD)
Soldier	Memorandum

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